

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10611833

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	47	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	47 minus 20 =	27
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	486
X42=		OR	X84=	84
+140=		OR	+280=	
TOTAL		OR	TOTAL	1320

CLAIMS AS AMENDED - PART II

9-15-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	46	47	=
Independent	4	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

31,3233
2-24-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	48	47	=
Independent	7	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FEE TRANSMITTAL for FY 2003				<i>Complete if Known</i>																																											
<i>Patent fees are subject to annual revision.</i>				Application Number		To Be Assigned																																									
				Filing Date		July 1, 2003																																									
				First Named Inventor		Matthew F. Hogge																																									
				Examiner Name		To Be Assigned																																									
				Group Art Unit		To Be Assigned																																									
				Attorney Docket No.		B03-13																																									
TOTAL AMOUNT OF PAYMENT		(\$) 1,320.00																																													
METHOD OF PAYMENT				FEE CALCULATION (continued)																																											
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502309 Deposit Account Name Acushnet Company The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES Large Entity																																											
FEE CALCULATION																																															
1. BASIC FILING FEE Large Entity																																															
Fee Code	Fee (\$)	Fee Description	Fee Paid																																												
1001	750	Utility filing fee	750																																												
1002	330	Design filing fee																																													
1004	750	Reissue filing fee																																													
1005	160	Provisional filing fee																																													
SUBTOTAL (1) (\$)			750																																												
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Extra</td> <td style="width: 10%; text-align: center;">Fee From</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Total Claims</td> <td style="text-align: center;">Claims</td> <td style="text-align: center;">Below</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">47</td> <td style="text-align: center;">27</td> <td style="text-align: center;">18</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">486</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">Independent Claims</td> <td style="text-align: center;">Claims</td> <td style="text-align: center;">Below</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">84</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">84</td> <td colspan="2"></td> </tr> </table>					Extra	Fee From						Total Claims	Claims	Below	x	=	Fee Paid			47	27	18	x	=	486			Independent Claims	Claims	Below	x	=	Fee Paid			4	1	84	x	=	84						
	Extra	Fee From																																													
Total Claims	Claims	Below	x	=	Fee Paid																																										
47	27	18	x	=	486																																										
Independent Claims	Claims	Below	x	=	Fee Paid																																										
4	1	84	x	=	84																																										
Large Entity																																															
Fee Code	Fee (\$)	Fee Description																																													
1202	18	Claims in excess of 20																																													
1201	84	Independent claims in excess of 3																																													
1204	84	"Reissue independent claims over original patent																																													
1205	18	"Reissue claims in excess of 20 and over original patent																																													
SUBTOTAL (2) (\$)			570																																												
<i>**or number previously paid, if greater; For Reissues, see above</i>																																															
				Other fee (specify) _____																																											
				Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)																																									
						0																																									
SUBMITTED BY																																															
Name	Troy R. Lester			Registration No. (Attorney/Agent)	36,200																																										
Address	Acushnet Company, PO Box 965, Fairhaven, MA 02719-0965				Telephone	(508) 979-3534																																									
Signature					Date	July 1, 2003																																									

33/11/2005 DEBIDNS 00000320 502309 18511833

01 FC:1201 603.00 DA

02 FC:1202 50.00 DA